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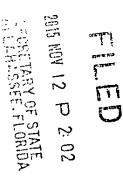
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates	of Status
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S MASON

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Brite	Productions : Name of Lim	LLC ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jemino	Name of Person	
		Firm/Company	
	- 246 N	E 70th St Address	
		FL 33138 City/State and Zip Code	
	E-mail address: (to be used to future annual report notifi	ication)
For further information e	oncerning this matter, please ca	all:	
	Flienne	at (186) 313 - Area Code Daytime	550H Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drite trod	actions LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Co Florida document number <u>L 15006148611</u>	mpany were filed on Aug ust 31	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Mima's Touch Bartique	e LLC	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	266 NE 76	th s.t
(Principal office address MUST BE A STREET ADDRE	ss) Migmi FL	33138
Enter new mailing address, if applicable:	P.O. Box	F8000 8
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and nt as provided for in Chapter 605, F office address, I hereby confirm that the state of the confirm that If Changing Registered Agent, Signature of	I I am familiar with and S. Or, if this document is the limited liability New Registered Agent
	<u> </u>	

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager , uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
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			2
		A OLEO PA '33'.	Remove
		DE P	Change

Effect	tive date, if other than the date of filing:(optional)	
f an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03	
f an ef Note:	tive date, if other than the date of filing:(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	
f an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
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Filing Fee: \$25.00